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2021 AUG 27 PH 7: 5

COVER LETTER

TO: Registration So Division of Cor		·	•
Boutique X SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	·	
	Priscilla Hernandez		
		Name of Person	
	Boutique XO, LLC		
		Firm/Company	
	1550 SW 149th AVE		
		Address	
	Miami, FL		
	info@shopboutqiuexo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Genesis Quinones		786 812-0075	
Name o	r Person		: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Boutique XO, LLC

company has been notified in writing of this change.

2021 AUG 27 PM 7: 54

(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	I <u>r records.</u>) JALLAHAS	RY OF STAIL SEE, FLORID.
The Articles of Organization for this Limited I Florida document number 1.21000366505	Liability Company			d assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designati	on "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)			
		-		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records	, enter the name of the	e new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	-	Enter Florida stre	et address	
			Florida	
		City	Zîp (ode
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete	performance of my du	ties, and I am familia	r with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Priscilla Hernandez	1550 SW 149th AVE	
		Miami, FL 33194	□Remove
			Change
AMBR	Genesis Quinones	1550 SW 149th AVE	
		Miami, FL 33194	□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
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		Change	
		□Add	
		□ Remove	
			□Change

E. Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date into the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(6) Note: If the date inserted in this block dates not meet the applicable stantinery filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (If the record is pecifics a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filled. Dated ON/17/2021 Priscalla Harmandez Signature of a member or authorized representative of a member Priscalla Hermandez	o. Ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (that effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 605.0207 (3)th Note: If the date inserted in this block does not meet the applicable statunary filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed. Dated Priscilla Harmanda Signature of a member or suthorized representative of a member		
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E. Effective date, if other than the date of filing: (the active date is listed, the date imust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the record is tiled. Dated OS/17/2021 Princilla Harnandas Signature of a member or authorized reposentative of a member		
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	Dated	7/2021
		Priscilla Hernandez
Priscilla Hernandez	-	Signature of a member or authorized representative of a member
Typed or printed name of signee	1	